

Issue Classification

_____ (Assistant Examiner) (Date)	NHON DIEP PRIMARY EXAMINER <i>DH Mhm</i> 8/21/06 (Primary Examiner) (Date)	Total Claims Allowed: 12		
<i>P. Zimmerman</i> 8/21/06 (Legal Instruments Examiner) (Date)		<table border="1"> <tr> <td> O.G. Print Claim(s) 1 </td> <td> O.G. Print Fig. 1 </td> </tr> </table>	O.G. Print Claim(s) 1	O.G. Print Fig. 1
O.G. Print Claim(s) 1	O.G. Print Fig. 1			

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
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4	4		34		64		94		124		154		184		
5	5		35		65		95		125		155		185		
6	6		36		66		96		126		156		186		
7	7		37		67		97		127		157		187		
8	8		38		68		98		128		158		188		
9	9		39		69		99		129		159		189		
10	10		40		70		100		130		160		190		
11	11		41		71		101		131		161		191		
12	12		42		72		102		132		162		192		
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	14		44		74		104		134		164		194		
	15		45		75		105		135		165		195		
	16		46		76		106		136		166		196		
	17		47		77		107		137		167		197		
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	19		49		79		109		139		169		199		
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	23		53		83		113		143		173		203		
	24		54		84		114		144		174		204		
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	27		57		87		117		147		177		207		
	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		